

INTRASTATE IDENTIFICATION APPLICATION

IF YOUR COMPANY HAS A USDOT NUMBER PLEASE INDICATE IN THE SPACE PROVIDED

US DOT NUMBER			ICC NUMBER		
1. NAME OF MOTOR CARRIER/HM SHIPPER			7. TRADE OR DOING BUSINESS AS (DBA) NAME		
2. PHYSICAL STREET ADDRESS			8. MAILING ADDRESS (PO BOX)		
3. CITY			9. MAILING CITY		
4. COUNTY	5. STATE CO	6. ZIPCODE	10. COUNTY	11. STATE CO	12. ZIP CODE
13. PRINCIPLE PHONE NUMBER		PRINCIPLE FAX NUMBER		EMAIL ADDRESS	

14. IRS/TAX ID NO. ENTER ONE NUMBER BELOW EIN # SS#	15. CARRIER OPERATION CHECK ONLY ONE A. Intrastate Carrier - Hazardous Materials <input type="checkbox"/> B. Intrastate Carrier - NON Hazardous Materials <input type="checkbox"/>	
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16. INTRASTATE SHIPPER OF HAZARDOUS MATERIALS YES <input type="checkbox"/> NO <input type="checkbox"/>	17. CARRIER MILEAGE IN PREVIOUS CALENDAR YEAR	18. DATE BUSINESS WAS STARTED
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19. OPERATION CLASSIFICATION		
<input type="checkbox"/> AUTHORIZED FOR-HIRE	<input type="checkbox"/> PRIVATE PASSENGERS (BUSINESS)	<input type="checkbox"/> U.S. MAIL
<input type="checkbox"/> EXEMPT FOR-HIRE	<input type="checkbox"/> PRIVATE PASSENGERS (NON-BUSINESS)	<input type="checkbox"/> FEDERAL GOVERNMENT
<input type="checkbox"/> PRIVATE (PROPERTY)	<input type="checkbox"/> MIGRANT	<input type="checkbox"/> STATE GOVERNMENT
		<input type="checkbox"/> LOCAL GOVERNMENT
		<input type="checkbox"/> INDIAN TRIBE
		<input type="checkbox"/> OTHER

20. CARGO CLASSIFICATIONS PLEASE CHECK ALL THAT APPLY					
<input type="checkbox"/> GENERAL FREIGHT	<input type="checkbox"/> LOGS,POLES, BEAMS, LUMBER	<input type="checkbox"/> FRESH PRODUCE	<input type="checkbox"/> GRAIN, FEED, HAY	<input type="checkbox"/> COMMODITIES	<input type="checkbox"/> FARM SUPPLIES
<input type="checkbox"/> HOUSEHOLD GOODS		<input type="checkbox"/> LIQUID/GASES	<input type="checkbox"/> COAL/COKE	<input type="checkbox"/> DRY BULK	<input type="checkbox"/> CONSTRUCTION
<input type="checkbox"/> METAL: SHEETS, ROLLS, COILS	<input type="checkbox"/> BUILDING MATERIALS	<input type="checkbox"/> INTERMODAL CONT.	<input type="checkbox"/> MEAT	<input type="checkbox"/> REFRIDGERATED FOOD	<input type="checkbox"/> WATER WELL
<input type="checkbox"/> MOTOR VEHICLES	<input type="checkbox"/> MOBILE HOMES	<input type="checkbox"/> PASSENGERS	<input type="checkbox"/> GARBAGE/REFUSE/TRASH	<input type="checkbox"/> BEVERAGES	<input type="checkbox"/> OTHER (PLEASE SPECIFY)
<input type="checkbox"/> DRIVEAWAY/TOWAWAY	<input type="checkbox"/> MACHINERY, LARGE OBJECTS	<input type="checkbox"/> OILFIELD EQUIPMENT	<input type="checkbox"/> U.S. MAIL	<input type="checkbox"/> PAPER PRODUCTS	
		<input type="checkbox"/> LIVESTOCK	<input type="checkbox"/> CHEMICALS	<input type="checkbox"/> UTILITY	

20. HAZARDOUS MATERIALS CARRIED/SHIPPED PLEASE MARK ALL THAT APPLY									
	Carried	Shipped	Bulk	Non-Bulk		Carried	Shipped	Bulk	Non-Bulk
Class 1					Class 5				
Class 2					Class 6				
Class 3					Class 7				
Class 4					Class 8				
					Class 9				

If you have checked any boxes to the left, please list specific division(s) below:

22. EQUIPMENT	STRAIGHT TRUCKS	TRUCK TRACTORS	TRAILERS	HazMat Cargo Tank Trailers	HazMat Cargo Tank Trucks	PASSENGER VEHICLES			
						MOTORCOACH	SCHOOL BUS	MINI US/VAN	LIMOSINE
OWNED Indicate number									
TERM LEASED Indicate number									
TRIP LEASED Indicate number									

23. DRIVER INFORMATION: ENTER NUMBER OF DRIVERS IN EACH CATEGORY	
Within 100 mile Radius <input type="text"/>	Total Number of Drivers <input type="text" value="0"/>
Beyond 100 Mile Radius <input type="text"/>	Total Number of CDL Drivers <input type="text"/>

24. CERTIFICATION STATEMENT (TO BE COMPLETED BY AN AUTHORIZED OFFICIAL)	
I, _____ Please Print Name	, certify that I am familiar with the Federal Motor Carrier Safety Regulations (as adopted by 8CR 1507-L) and/or the Federal Hazardous Materials Regulations (Title 49, Code of Federal Regulations). Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct and complete.
Signature	Title Date